## PART B - FEE(S) TRANSMITTAL

JAN 1 2 2009		her with applicable	or <u>Fax</u>	Mai Cor P.O Ale: (57)	il Stop ISSUE nmissioner for D. Box 1450 xandria, Virgi 1)-273-2885	Patents nia 22313		hould be completed where	
appropriate All fuelth indicated unless objecte maintenance fee notificat	correspondence including below or directed oth ions.	of the Patent, advance of the Patent, advance of the Patent, advance of the Patent in Block I, by (	rders and notification a) specifying a new c	of m	pondence address;	ill be mailed and/or (b) ii	to the current	hould be completed where correspondence address as arate "FEE ADDRESS" for	
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Jack A. Kanz 502 So. Cottonwood Drive Richardson, TX 75080					Certificate of Mailing or Transmission  I hereby certify that this Fec(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
01/13/2009 RFEKADUE 00000071 10734883					Deborah A. Fox (Depositor's name)				
01 FC:2501 755.00 DP 02 FC:1504 - 300.00 DP					08 Januar	y 200	9	(Signature) (Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	TOR		ATTORNEY	DOCKET NO.	CONFIRMATION NO.	
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APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE I	DUE	PREV. PAID ISSUE	FEE TO	AL FEE(S) DUE		
nonprovisional	YES	\$755	\$300		\$0		\$1055	02/24/2009	
EXAMINER ART UNIT			CLASS-SUBCLASS						
HUNTER,	473-292000								
. Change of corresponde CFR 1.363).  Change of corresp Address form PTO/SE  "Fee Address" ind PTO/SB/47; Rev 03-0 Number is required.	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.								
ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
Please check the appropr	iate assignee category or	r categories (will not be p	printed on the patent):		Individual Co	rporation or	other private gr	oup entity Government	
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a Applicant claim	tus (from status indicate s SMALL ENTITY state	us. See 37 CFR 1.27.	☐ b. Applicant is n	o lon	ger claiming SMAI	LL ENTITY	status. See 37 C	CFR 1.27(g)(2).	
NOTE: The Issue Fee an	d Publication Fee (if req	uired) will not be accept ates Patern and Trademar	ed from anyone other to k Office.	han t	he applicant; a regi	stered attorn	ey or agent; or t	the assignee or other party in	
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This collection of information is required by 37 CFR 1 11. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.  Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.									